

2015 SILVER 87 PLANS		Standard Plans	Blue Rewards	Vitality Plus	IMPORTANT INFORMATION	
ON AVERAGE, THESE PLANS COVER 87% OF HEALTH CARE COSTS. YOU MAY QUALIFY FOR LOWER OUT-OF-POCKET COSTS. CHECK THE SUBSIDY ESTIMATOR AT WWW.VERMONTHEALTHCONNECT.GOV.		Silver (BCBSVT & MVP) 87%	Standard Silver High Deductible (BCBSVT & MVP) 87%	Blue Rewards Silver (BCBSVT) 87%	VT Vitality Plus Silver (MVP) 87%	All Vermont Health Connect plans cover the same set of essential health benefits. The difference is in how you pay for these benefits. Standard plans have the same designs across insurance carriers, while Blue Rewards and Vitality Plus plans were uniquely designed by their carriers, with an emphasis on wellness. Before selecting a health plan, be sure to check the out-of-pocket costs for prescription drugs and medical services.
DEDUCTIBLE & MAXIMUM OUT-OF-POCKET		Individual/Family	Individual/Family	Individual/Family	Individual/Family	<p><i>Out-of-Pocket costs – health care costs, such as deductible, co-pay, and co-insurance that are not covered by insurance. The premium is not considered an out-of-pocket cost.</i></p> <p><i>Deductible – the amount you must pay for non-waived services before health insurance begins to pay.</i></p> <p><i>Maximum Out-of-Pocket – the most you could pay in out-of-pocket costs in a year if you had extreme medical needs. Add this amount to your annual premium to find your worst-case scenario.</i></p>
Cost-Sharing Reductions Available for Individuals Who Qualify		Yes	Yes	Yes	Yes	If your income qualifies and you buy a silver-level plan, you will benefit from lower out-of-pocket costs (more like a gold or platinum plan) at the price of a silver plan. Only available with silver plans.
Deductible	Integrated Deductible	No	Yes - \$1,000/\$2,000	Yes - \$200/\$400	No	If integrated, prescription (Rx) expenses and medical expenses both contribute to a single deductible.
	Medical Deductible	\$600/\$1,200	See integrated (above)	See integrated (above)	\$60/\$120	The deductible for medical services (doctor appointments, hospital stays, etc.).
	Medical Deductible Waived for	Preventive, Office Visits, Urgent Care, Ambulance	Preventive	Preventive, 3 Primary Care or Mental Health Office Visits	Preventive, Primary Care or Mental Health Office Visits	The health plan pays for these services even before you meet your deductible. You just pay the co-pay below.
	Prescription (Rx) Deductible	\$100/\$200 <sup>1</sup>	N/A	N/A	\$50/\$100	The deductible for prescription drugs.
	Rx Deductible Waived for	Generic drugs	Wellness drugs	Not waived	VBID	Wellness drugs are prescribed to prevent a disease or condition or help you manage an existing issue. Value-Based Insurance Design (VBID) covers maintenance medication for members with some chronic conditions. Items that are covered prior to the prescription deductible being met. You just pay the co-pay below.
Max. Out-of-Pocket (MOOP)	Integrated Maximum Out-of-Pocket	No	Yes - \$1,000/\$2,000	Yes - \$2,250/\$4,500	No	If integrated, prescription(Rx) expenses contribute to the overall maximum out-of-pocket as well as the Rx maximum out-of-pocket.
	Medical Maximum Out-of-Pocket	\$1,250/\$2,500	See integrated (above)	See integrated (above)	\$1,800/\$3,600	The most individuals or families will pay for covered services per year.
	Rx Maximum Out-of-Pocket	\$400/\$800	See integrated (above)	\$1,250/\$2,500	\$450/\$900	The most individuals or families will pay for prescription drugs per year.
Family Deductible/Maximum Out-of-Pocket: (Stacked/Aggregate)		Stacked	Aggregate	Aggregate	Stacked	With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.
SERVICE CATEGORY		Co-pay (\$)/Co-insurance (%)	Co-pay (\$)/Co-insurance (%)	Co-pay (\$)/Co-insurance (%)	Co-pay (\$)/Co-insurance (%)	Categories for the different types of care provided by the plans. Co-pay=\$ you pay / Co-insurance=% you pay
Preventive (Prev)		\$0	\$0	\$0	\$0	Care that includes screenings, tests, and counseling to prevent you from getting sick or to detect health conditions early. For lists of preventive services, go to <a href="http://www.VermontHealthConnect.gov">www.VermontHealthConnect.gov</a> and click on ‘Health Plans.’
Office Visit (OV)	Primary Care Physician or Mental Health	\$10	Deductible, then \$0	3 free, then deductible, then \$30 <sup>2</sup>	\$5	Office visit with a primary care provider or mental health professional.
	Specialist Office Visit	\$30	Deductible, then \$0	Deductible, then \$50	Deductible, then \$30	Office visit with a care provider who focuses on a specific area of medicine (e.g. dermatologist), as well as physical therapy, occupational therapy, and covered alternative treatment benefits.
Urgent Care (UC)		\$50	Deductible, then \$0	Deductible, then \$50	Deductible, then \$40	A type of walk-in clinic open seven days a week that primarily treats injuries or illness requiring immediate care, but not serious enough to require an ER visit.
Ambulance (Amb)		\$100	Deductible, then \$0	Deductible, then \$50	Deductible, then \$100	Cost of an ambulance in case of emergency.
Emergency Room (ER)		Deductible, then \$250	Deductible, then \$0	Deductible, then \$250	Deductible, then \$100	Emergency services you get in an emergency room. ER co-pay/co-insurance is waived if you are admitted to hospital.
Hospital Services		Deductible, then 40%	Deductible, then \$0	Deductible, then \$1,750	Varies by service	Includes: Inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse); Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET).
PRESCRIPTION DRUG COVERAGE		Co-pay (\$)/Co-insurance (%)	Co-pay (\$)/Co-insurance (%)	Co-pay (\$)/Co-insurance (%)	Co-pay (\$)/Co-insurance (%)	Different levels of prescription drug coverage offered by the plan.
Rx Generic		\$10	Rx Deductible, then \$0	Rx Deductible, then \$5	Rx Deductible, then \$10	“Generic” typically applies to prescription drugs that have the same active ingredient formulas as brand-name drugs.
Rx Preferred Brand		Rx Deductible, then \$50	Rx Deductible, then \$0	Rx Deductible, then 40%	Rx Deductible, then \$25	“Preferred” and “Non-preferred” are set by each insurance carrier. To find how specific drugs are categorized, go to <a href="http://www.VermontHealthConnect.gov">www.VermontHealthConnect.gov</a> and click on ‘Health Plans’ or call BCBSVT (800-247-2583) or MVP (800-TALK-MVP).
Rx Non-Preferred Brand		Rx Deductible, then 50%	Rx Deductible, then \$0	Rx Deductible, then 60%	Rx Deductible, then 40%	
ADDITIONAL BENEFITS						This is a partial list. See additional benefits in each plan’s Summary of Benefits and Coverage.
Pediatric Dental & Vision		Yes	Yes	Yes	Yes	Included in the medical plan for children under 21. Some services are subject to the medical deductible. See plan materials for details.
Wellness Benefits		N/A	N/A	Up to \$300 per adult	Up to \$50 per adult or \$3 co-pay for VBID drugs	
BCBSVT & MVP MONTHLY PREMIUMS		Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	<div> <b>FINANCIAL HELP: APTC &amp; CSR</b> <p>What is the cost <i>after</i> subsidy?</p> <p>If you buy health insurance on your own (not through your employer), you may qualify for financial help. For example, a family of four with an income of up to \$95,400 may qualify for Advanced Premium Tax Credits (APTC) to help pay for premiums. A family of four with an income up to \$71,550 may also qualify for lower out-of-pocket costs through cost-sharing reductions (CSR). This means that instead of covering 70% of health care costs on average, the enhanced silver plan will cover between 73% and 94% of costs. Please note that you can use APTC to purchase a plan in any metal level, but CSR is only available with silver plans.</p> <p>To see how your particular premiums and out-of-pocket costs might be reduced, see the Subsidy Estimator at <a href="http://www.VermontHealthConnect.gov">www.VermontHealthConnect.gov</a> or call 1-855-899-9600 (toll-free).</p> </div> <div> <b>REMINDER</b> <p>Once confirmed, plan selections cannot be changed until the next open enrollment period, unless someone in your household has a qualifying event, such as a wedding, a birth, or a new job. If your health coverage is cancelled due to non-payment, you may not be able to get coverage again until the following January.</p> </div>
SINGLE	BCBSVT	\$465.61	\$436.20	\$428.14	N/A	
	MVP	\$484.95	\$456.19	N/A	\$460.09	
COUPLE	BCBSVT	\$931.22	\$872.40	\$856.28	N/A	
	MVP	\$969.90	\$912.38	N/A	\$920.18	
PARENT AND CHILD(REN)	BCBSVT	\$898.63	\$841.87	\$826.31	N/A	
	MVP	\$935.95	\$880.45	N/A	\$887.97	
FAMILY	BCBSVT	\$1,308.36	\$1,225.72	\$1,203.07	N/A	
	MVP	\$1,362.71	\$1,281.89	N/A	\$1,292.85	

<sup>1</sup> BCBSVT Standard Silver has a \$100 Rx Deductible per person, while the Rx Deductible for MVP Standard Silver is \$100 for a single plan or \$200 per family.

<sup>2</sup>Combined 3/6/9 visits PCP/MH with no cost-share; then deductible applies with \$30 co-pay.